

Well Name _____



DEPARTMENT OF MINES, MINERALS AND ENERGY

DIVISION OF GAS AND OIL

P.O. BOX 1416

ABINGDON, VA 24210

(276) 676-5423

APPLICATION FOR RECLASSIFICATION OF A GEOTHERMAL AREA

GEOTHERMAL AREA NAME: _____

LATITUDE: _____

LONGITUDE: _____

CHANGE REQUEST:

1. Adjoining property should be included _____
2. Property within area should be excluded _____
3. Unitization not required _____

LIST SUPPORTING ATTACHMENTS:

APPLICANT: _____

WELL OPERATOR ____/
DESIGNATED AGENT ____/
PROPERTY OWNER ____/

TITLE: _____

ADDRESS: _____

TELEPHONE: _____

DATE: _____